

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: MANUAL AND AUTOMATIC ALIGNMENT OF  
PAGES  
Attorney Docket Number:: 10514  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 8  
Small Entity:: No

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Karl Heinz  
Middle Name::  
Family Name:: Kremer  
City of Residence:: Rochester  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 31 Westway  
City of mailing address:: Rochester  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 14624

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Karl  
Middle Name:: R.

Family Name:: Schultz  
City of Residence:: Hilton  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 810 Manitou Road  
City of mailing address:: Hilton  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 14468

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jennifer  
Middle Name:: S.  
Family Name:: DeYoung  
City of Residence:: Fairport  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 15 Log Cabin Circle  
City of mailing address:: Fairport  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 14450

### **Correspondence Information**

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State or Province of mailing address:: New York  
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### Representative Information

Representative Customer Number::	32534
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/453,937	03/12/2003

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::